



ARMY FEE ASSISTANCE

Army Fee Assistance Program Certification of Availability/Non-Availability Army Child Youth & School Services

Army Fee Assistance Program guidelines state that if there is space available for a Sponsor's child/children at an Army CDC/FCC/SAC, then such space must be used for the care of his/her child/children. In the event that the Army CDC/FCC/SAC does not have space available, then the Sponsor will be eligible to apply for Off-Post Community Based Fee Assistance.

_____ is assigned to _____
Printed name of qualifying Army Sponsor *Garrison Name*

| | |
|----------------------|----------------------------|
| _____ | _____ |
| <i>Name of Child</i> | <i>Date of Birth (DOB)</i> |
| _____ | _____ |
| <i>Name of Child</i> | <i>Date of Birth (DOB)</i> |
| _____ | _____ |
| <i>Name of Child</i> | <i>Date of Birth (DOB)</i> |

By completing this certification, I am notifying the GSA Subsidy Administration Section that due to the lack of child care space at the Army CDC/FCC/SAC, I am eligible to apply for Off-Post Community Based Fee Assistance. This form must be signed by an authorized CYSS Parent & Outreach Services official certifying that space for my child/children is currently available or not available.

I further understand that in order to apply for Army Fee Assistance via the GSA, that I must contact the GSA for an application package which must then be submitted directly to the GSA in order to determine my eligibility in the Army Fee Assistance Program.

If exempt from this requirement, please check the applicable box/boxes below:

Recruiter **Geographically Dispersed** **Stationed on a Joint Base not managed by the Army**
Child/Children are School Age/Kindergarten and above **ROTC Instructor**

_____ *Qualifying Army Sponsor's Signature / Last 4 of SSN* _____ *Date*

Certification of Availability/Non-Availability

Completion of this section certifies that space is _____ **NOT AVAILABLE** _____ **AVAILABLE** for the child/children listed above.

_____ *CYSS Parent & Outreach Services Director's Signature* _____ *Phone Number*

_____ *Installation / Garrison*

_____ *CYSS Parent & Outreach Services Director's Email* _____ *Date*

***This form must be completed, signed and returned to the Sponsor to be returned with their application package to the GSA.**

For GSA use only: Verified By: _____ **Date:** _____

